

**SUPPLEMENT TO**

**A Study of the Unmet Needs of  
Off-Reserve Indian and Metis Elderly in Saskatchewan**

**CONCLUSIONS AND RECOMMENDATIONS**

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## SUPPLEMENT TO

### A Study of the Unmet Needs of Off-Reserve Indian and Metis Elderly in Saskatchewan

## CONCLUSIONS AND RECOMMENDATIONS

### INTRODUCTION

In June, 1988, the Saskatchewan Senior Citizens' Provincial Council published a report titled A Study of the Unmet Needs of Off-Reserve Indian and Metis Elderly in Saskatchewan. This report summarized the findings of a survey of 476 Indian and Metis individuals age 50 and older.

The study was exploratory and broad in scope. Data were gathered on demographic characteristics, education, income, housing, health, transportation, recreation needs, and social concerns of the off-reserve Native elderly in Saskatchewan. The data show that Indian and Metis elderly, living off the reserve, have many unmet needs. These data indicate that Native elderly, living off-reserve, are more likely to be poor, less healthy, and less able to access needed services than their counterparts in the general senior population. The findings are disturbing and confirm that many Indian and Metis elderly people live in poverty.

As the study progressed, Council concluded that their survey represents but a first step in an ongoing process of developing appropriate programs and services to meet the needs of Native elderly people. As a result, Council decided to circulate the study findings to individuals and organizations involved with aboriginal people before finalizing the study conclusions and recommendations. These groups were asked to comment on the findings and suggest recommended changes.

## COMMUNITY CONSULTATIONS

The study was circulated to various Indian and Metis organizations, federal and provincial government departments, seniors' groups, other non-government agencies, Members of the Legislative Assembly, and the media. In total, 44 individuals and organizations were asked for their comments and input into the development of Council's recommendations. Council received both written comments and oral feedback on the study. In addition, a number of informal meetings and discussions on the study findings were held with a variety of community organizations. These discussions were helpful in forming Council's recommendations.

This Supplement provides a summary of the consultation process and presents a number of recommendations for future consideration. To assist the reader, Council's recommendations are summarized at the end of this report and an Executive Summary of the study findings is included in the Appendix.

## INVOLVEMENT OF NATIVE PEOPLE

The Senior Citizens' Provincial Council believes that society as a whole must work together to develop programs and services that will address the needs of Native elderly people living off the reserve. A collaborative effort is needed to ensure that appropriate responses are developed. This process should involve Indian and Metis organizations, seniors' groups, and relevant federal and provincial government departments. All initiatives should be developed in consultation with the Indian and Metis elderly people.

Council recommends that federal and provincial departments, involved in the provision of services to seniors in the fields of health, community services, housing, and income

support, meet with Indian and Metis organizations to share program information and plan appropriate responses. A first priority should be to ensure that the off-reserve needs of the Indian and Metis elderly are accommodated within existing programs. In situations where the needs of this population cannot be accommodated, service providers should work together to bridge gaps in services and develop appropriate solutions. In some instances this may require the development of special programs and services.

### EDUCATION AND LANGUAGE

The study found that only about one-quarter of the Indian and Metis elderly living in the southern part of the province have any formal education beyond grade eight. In the north, over half of the population surveyed have no formal education.

Despite low levels of formal education, most of the Native elderly surveyed in the south speak English well and over half speak more than one language. In the north, however, the majority of the sample surveyed were unilingual in either Cree or Chipweyan. Fewer than one in five northern Native elderly speak English well.

In terms of language preference, however, over a third of those surveyed in the south, and most of the elderly in the north, prefer to speak a combination of English and an aboriginal language or to speak totally in an aboriginal tongue. As a result, communication with other members of their extended family and with other informal caregivers may be limited.

Over half of the respondents surveyed indicated the need for programs where the Indian and Metis elderly can counsel the younger generation on Native traditions and culture. However, most of the younger generation are primarily unilingual in English. This fact not only impacts on the younger generation to provide

care and support, but also limits the degree to which the older generation can pass on the benefits of their wisdom and experience. This results in a further erosion of traditional values and culture. Therefore, Council recommends that the study of Native languages and cultures be incorporated into the educational system.

Specifically, the study of Native languages and cultures should be incorporated into the core curriculum in the K-12 system. Similar credit and non-credit learning opportunities should be made available to the public in the post-secondary system through the Saskatchewan Institute of Applied Science and Technology (SIAST) and the regional community college system. These programs could serve to meet the staff training needs that service providers require.

Story-telling and oral history seminars in local libraries were identified by Council as two ways the study of Native cultures and languages could be promoted. Indian and Metis elderly persons could act as resource people in these workshops. Council recommends that informal learning settings, such as libraries, be used to promote the study of Native culture.

Council recommends that efforts to increase the number of teachers of Indian and Metis ancestry be continued. This includes both the provision of resources for training as well as the creation of employment opportunities.

Language skill and ability may also impact on the degree to which formal caregivers are able to communicate effectively with Indian and Metis elderly clients when providing care. The study findings suggest that the education and language characteristics of the Indian and Metis elderly population may limit their ability to successfully access services.

Council recommends that service providers consider other methods of advertising beyond the use of printed media when promoting the availability of their services. Posters, radio and T.V. ads, and other promotional materials in languages other than English could be developed as a means of enhancing communication.

Native elderly, coming off the reserve, often have a difficult time understanding the city, the non-native culture, and even the English language. They become dependent on their children or on friends and other relatives already living in the city. Council recommends that a program be developed for Native seniors which would provide an orientation to services and facilities of the city and to urban culture. The course could be taught through the various Native societies, community colleges, or other community organizations.

Further, increasing the number of Native people employed in service delivery would enhance communication between service providers and the Native elderly. Council recommends that service providers increase the number of Native people employed in the development and delivery of these services.

Many of the Indian and Metis elderly surveyed also expressed their concern for the next generation and the need for services to meet their needs. Programs and services most often identified by the Native elderly for young people include:

- (i) organized activities for youth;
- (ii) play spaces for children;
- (iii) alcohol and drug rehabilitation programs for young people; and
- (iv) protective services and homes for abused children.

Therefore, Council recommends that a greater priority be given to the development of child care services, recreation,

rehabilitation, and protection services for Native youth. The development of an education and prevention component in all programs should be a priority.

#### EMPLOYMENT AND INCOME

The study found that while 60 per cent of the respondents were of "working age," between 50 and 64, only about one-quarter of these people reported any employment income. For respondents age 65 and over, most were totally dependent on government assistance for their livelihood. Further, the study found that one-quarter of the respondents in the south and 10 per cent of those in the north had incomes of less than \$6,000 per year. This is less than two-thirds of the \$9,930 set as the 1986 poverty line, for a single household, by the Canadian Senate Report on Poverty (December, 1987). The higher incomes reported by respondents in the north are, in part, due to the fact that more were already age 65 and receiving federal and provincial pension benefits.

Only two (.7%) of the off-reserve Indian and Metis elderly surveyed reported any income from savings or investments. In comparison, investment income accounted for about 30 per cent of the income of Canadian seniors age 65 and over according to 1981 census data.

These data suggest that there will be a continuing and almost total dependence on government income assistance for the next generation of Indian and Metis elderly. Council recommends that economic initiatives and job creation programs designed to improve the long-term employment status of Indian and Metis people, including older workers, continue to be prioritized.

Council recommends that federal and provincial departments continue to promote easy access to their Income Security Programs

so that all seniors, especially those of Indian and Metis ancestry, receive the benefits to which they are entitled.

Further, Council recommends that strategies to increase the participation of Indian and Metis people in the Saskatchewan Pension Plan be considered.

The feasibility of providing a supplementary benefit on an annual basis, equivalent to a set pension plan premium for individuals receiving benefits from the Saskatchewan Assistance Plan, could be assessed. This opportunity could be provided for on a voluntary basis.

In addition, participation in the plan through payroll deduction for those individuals participating in short-term job creation projects could be considered.

These efforts will encourage individuals to invest in their future. These future investments will help to reduce the individual's total dependency on Old Age Security (OAS), the Guaranteed Income Supplement (GIS), and the Saskatchewan Income Plan (SIP) at age 65.

#### HOUSING AND LIVING ARRANGEMENTS

In Canada, over 75 per cent of families with a household head age 65 and over, and 49 per cent of unattached individuals age 65 and over, own their homes. Eighty-five per cent of these homeowners are mortgage free. Even those elderly persons in households with incomes below the poverty line, 60 per cent of the families and 30 per cent of unattached individuals, own their homes (National Council on Welfare, 1984, p. 58).

In contrast, less than 16 per cent of the Indian and Metis elderly living in the south own their homes. In the north, only 39 per cent own their homes. The higher rate of home ownership in the north is, in part, due to longer residency in the community, less substantial housing units, and fewer available rental options.

In the south, 60 per cent of the respondents who rent their accommodations rent on the private market. Of these, one-third indicated that they had previously applied for subsidized public housing but were ineligible. Another third were unaware that public housing options even exist.

It should be noted that ineligibility for public housing could be based on one of several factors including:

- (i) lifestyle factors (poor health, alcohol, or other drug related problems);
- (ii) age (applicant not yet 65);
- (iii) lack of a dependent child necessary to qualify for a family unit; and
- (iv) ownership of a residence on the reserve.

The study also found two predominant living situations among the Indian and Metis elderly. First, many single Indian and Metis elderly (28% in the south) live alone. Second, extended, multigenerational families were common. Almost 40 per cent of the elderly in the south and 60 per cent in the north lived in extended, multigenerational families. Further, in most situations, the elderly person in the household contributed financially to the rent and other family living costs. These data confirm that the multigenerational living situation among Native elderly people is, in part, the result of poor economic conditions among Native families in general.

These study findings present a number of program and design challenges to non-profit and public housing authorities.

First, Council recommends that design factors geared to accommodate multigenerational families should be considered a priority when evaluating future public housing projects. This will create opportunities for multigenerational Indian and Metis families to increase their participation in the public housing market. The subsidized rent received in public housing should help to improve the economic situation of the family as a whole.

Second, Council recommends that non-profit and public housing authorities make the placement of Indian and Metis elderly a priority within their existing accommodations.

Third, Council recommends that Canada Mortgage and Housing Corporation and Saskatchewan Housing Corporation explore opportunities with Native organizations to sponsor, plan, and build their own housing projects for Indian and Metis elderly and their families. These projects should be prioritized for development.

The study findings indicate that many of the Indian and Metis elderly are living in impoverished conditions. One-half of the respondents in the south and 78 per cent in the north complained that their homes are too dark, damp, cold, or draughty. In the north, four per cent were without electricity and 10 per cent did not have a kitchen with a stove, fridge, and sink. At least 25 per cent of the southern households had a major appliance in need of repair. In total, at least 25 per cent of the Indian and Metis households in the south and 50 per cent of northern households required repair.

Given the high rate of participation in the private housing market by Indian and Metis elderly, and the poor state of repair in many of these homes, Council recommends consideration be given to establishing provisions to regulate the standards of private rental units.

The study also found that Indian and Metis elderly people are a highly mobile population. One-third of the elderly in the south had changed residences in the past year, over half had moved in the previous two years, and 72 per cent had moved at least once in the past five years. The most frequently stated reasons for wanting to move included:

- (i) current accommodations were not suitable;
- (ii) desire to be closer to children; and
- (iii) the need to be closer to services.

Further, over a third of the respondents surveyed indicated that they wanted to move again. The study also found that word-of-mouth is the primary way that these elderly people find out about accommodation choices. Some families may find themselves moving from one unsuitable place to another.

Therefore, Council recommends that consideration be given to the creation of a community housing and accommodation registry to assist Indian and Metis families access appropriate housing.

#### TRANSPORTATION

Transportation is a major problem for many Indian and Metis elderly. Twenty-eight per cent of the respondents in the south and 23 per cent in the north reported difficulty getting their transportation needs met. Of these, one-third required some form of attendant services in that they were either very frail in health, physically disabled, or had great difficulty with the English language. As many as 45 per cent of the Native elderly surveyed had difficulty walking more than two blocks.

These data suggest that access to vehicular transportation may be a problem for many Native elderly. Only 25 per cent of the Native elderly in the south and 10 per cent in the north have

access to transportation by car. By way of comparison, 60 per cent of the general senior population have access to a car and either drive themselves or are driven by others.

Meeting the transportation needs of seniors requires the involvement of the formal and informal care providers. First, Council recommends that public transit operators promote their services to seniors. Second, Council recommends that Indian and Metis organizations, seniors groups, church organizations, and service clubs explore the feasibility of developing volunteer driving services to assist the elderly with their transportation needs.

#### RECREATION

The study data revealed that most of the activities for Indian and Metis elderly people are focused within the home. Almost 40 per cent of those surveyed in the south, and 60 per cent of those in the north, indicated that they "almost never leave home" or "rarely leave home more than an hour a day."

It is difficult to determine from the study findings the extent to which this tendency towards being "homebound" among the elderly is one of preference or determined by other factors such as income, transportation, or babysitting obligations.

In terms of participation in recreational activities outside the home, bingo was the most popular pastime.

The study did find, however, that 30 per cent of the respondents in the south and 20 per cent in the north belonged to a community organization. Membership in Indian and Metis organizations were the most common affiliations.

One in four of these respondents indicated that they would like to see more events that celebrate traditional ceremonies sponsored in their community. Most felt that these events promote understanding between people of Native ancestry and the population at large.

Council members note that many community associations are willing to co-sponsor events that celebrate Native ancestry and cultures in cooperation with Indian and Metis organizations. However, resources are needed to assist with the development and sponsorship of these activities. Therefore, Council recommends that community associations, in cooperation with Indian and Metis organizations, be encouraged to continue to co-sponsor cross-cultural events. Further, Council recommends that resources to assist with the sponsorship of these events also be made available.

#### HEALTH CARE

The study data confirm that Indian and Metis persons suffer from many more health-related problems than the general population. Inadequate nutrition, substandard living conditions, low levels of education, and poverty have contributed to high Indian morbidity and mortality. Life expectancy at birth for Registered Indians is 62.4 years for males and 68.9 years for females. This is almost 10 years less than for the population in general.

The survey found that six out of every 10 Native elderly perceived their health to be "fair" or "poor." In urban centres, the number of Native elderly who rated their health as either "fair" or "poor" was 20 per cent more than for the senior population in general (Senior Citizens' Provincial Council, 1987, pp. 226-227). The self-rated health for Indian and Metis urban elderly, age 50 and over, approximates that of the general

population age 85 and older. Thus, the Native elderly are two to three times more likely to rate their health as "poor" than are other provincial seniors.

The importance of self-rated health cannot be underestimated as self-rated health status has been shown to closely predict measures of mobility, the need for mobility aids, assistance in the home, and assistance when leaving the home.

The study found that 76 per cent of the Indian and Metis elderly in the south and 66 per cent in the north reported chronic health problems. More significantly though, 33 per cent of the respondents in the south and 42 per cent in the north reported that they had a suspected health problem for which they have not sought medical attention.

The most frequently reported health problems among the Indian and Metis elderly were arthritis, diabetes, heart conditions, and disorders of the back, leg, and foot. The study also revealed that 25 per cent of the Native elderly in the south have diabetes. This compares to 5-8 per cent in the senior population at large.

The study also found that the Native elderly do not regularly visit a physician. Instead, they rely on access to emergency room care when they require treatment. Recent studies have found that the number of hospital separations involving Native people are three times greater than for the population in general.

Council recommends that efforts to increase the health status of all Indian and Metis elderly should be an ongoing priority for development. Health promotion programs designed to increase the interaction between physicians in the community and Native people in non-hospital settings should be encouraged.

Council also recommends that Native counselling programs, modelled on the program at the Regina General Hospital, be established in hospitals where there is a high utilization of services by Native people.

Further, Council recommends the development of educational programs designed to train Native health care professionals be continued. In addition to training physicians, there is a need for more Native nurses who could be employed in both institutional and community settings.

Access to medical services is difficult for the Native elderly living in the north. Almost one-third of the respondents had difficulty accessing services due to problems of transportation and cost. Given the isolation of people in the north, in general, mechanisms for subsidizing the transportation costs for low-income Native elderly persons need to be established. Further access to regular physician care needs to be established so that treatment and preventative care can be implemented and sustained with some level of continuity over time. Council recommends that the government develop strategies to improve the problem of access to physician and other community health services in the north and self-care programs and services should be promoted and strengthened.

Further, Council recommends that resources to extend the availability of home care services in the north be considered. Consideration should be given to the concept of developing "extra-mural" hospitals or "hospitals without walls" as a mechanism to meet the demand for medical services in the north.

The study found that many Indian and Metis elderly have problems with their teeth. An estimated 12.5 per cent of the respondents in the south and 34 per cent in the north had no teeth.

Many have never received proper dental care in the past. An inability to chew "hard foods" (meat, fruits, and vegetables) decreases opportunities to improve health status through proper nutrition.

While the majority of dental care services for Registered Indians are provided free of cost or are partially subsidized by the federal government, Metis and Non-Status Indians are required to pay for their dental care. Therefore, Council recommends that consideration be given to improving access to dental care services for all seniors.

#### SERVICES ON RESERVES

This study focused on identifying the unmet needs of Indian and Metis elderly living off the reserve. The study data, however, revealed a significant migration to and from the reserve by the Native elderly.

An analysis of the respondents who had once lived on the reserve indicated that most had rarely left the reserve for prolonged periods before they were age 20. Most had left the reserve to seek employment between the ages of 20 and 49. Further, the study revealed that most of the Native elderly living off the reserve did not view their current off-reserve status as permanent. A significant number of respondents said they left the reserve due to failing health and the need to be closer to family and services.

Therefore, Council recommends that home care and other community services designed to support the continued independence of the elderly be made available to Native elderly persons living on the reserve.

Council urges all federal, provincial, and Indian governments involved in the provision of services to Native people to work together to ensure that the needs of Native elderly persons living on the reserve are met.

In some cases, tripartite or other contractual agreements between governments and service providers could be established as a means of extending existing services on to reserves. In other cases, the development of specific on-reserve services by the Band Council may be necessary.

## SUMMARY OF RECOMMENDATIONS

The Senior Citizens' Provincial Council recommends that:

### INVOLVEMENT OF NATIVE PEOPLE

1. Federal and provincial departments, involved in the provision of services to seniors in the fields of health, community services, housing, and income support, meet with Indian and Metis organizations to share program information and plan appropriate responses.

### EDUCATION AND LANGUAGE

2. The study of Native languages and cultures be incorporated into the educational system.
3. Informal learning settings, such as libraries, be used to promote the study of Native culture.
4. Efforts to increase the number of teachers of Indian and Metis ancestry be continued. This includes both the provision of resources for training as well as the creation of employment opportunities.
5. Service providers consider other methods of advertising beyond the use of printed media when promoting the availability of their services. Posters, radio and T.V. ads, and other promotional materials in languages other than English could be developed as a means of enhancing communication.
6. A program be developed for Native seniors which would provide an orientation to services and facilities of the city and to urban culture. The course could be taught through the various Native societies, community colleges, or other community organizations.
7. Service providers increase the number of Native people employed in the development and delivery of these services.

8. A greater priority be given to the development of child care services, recreation, rehabilitation, and protection services for Native youth. The development of an education and prevention component in all programs should be a priority.

#### EMPLOYMENT AND INCOME

9. Economic initiatives and job creation programs designed to improve the long-term employment status of Indian and Metis people, including older workers, continue to be prioritized.
10. Federal and provincial departments continue to promote easy access to their Income Security Programs so that seniors, especially those of Indian and Metis ancestry, receive the benefits to which they are entitled.
11. Strategies to increase the participation of Indian and Metis people in the Saskatchewan Pension Plan be considered.

#### HOUSING AND LIVING ARRANGEMENTS

12. Design factors geared to accommodate multigenerational families should be considered a priority when evaluating future public housing projects.
13. Non-profit and public housing authorities make the placement of Indian and Metis elderly a priority within their existing accommodations.
14. Canada Mortgage and Housing Corporation and Saskatchewan Housing Corporation explore opportunities with Native organizations to sponsor, plan, and build their own housing projects for Indian and Metis elderly and their families. These projects should be prioritized for development.
15. Consideration be given to establishing provisions to regulate the standards of private rental units.
16. Consideration be given to the creation of a community housing and accommodation registry to assist Indian and Metis families access appropriate housing.

TRANSPORTATION

17. Public transit operators promote their services to seniors.
18. Indian and Metis organizations, seniors groups, church organizations, and service clubs explore the feasibility of developing volunteer driving services to assist the elderly with their transportation needs.

RECREATION

19. Community associations, in cooperation with Indian and Metis organizations, be encouraged to continue to co-sponsor cross-cultural events. Further, Council recommends that resources to assist with the sponsorship of these events also be made available.

HEALTH CARE

20. Efforts to increase the health status of all Indian and Metis elderly should be an ongoing priority for development. Health promotion programs designed to increase the interaction between physicians in the community and Native people in non-hospital settings should be encouraged.
21. Native counselling programs, modelled on the program at the Regina General Hospital, be established in hospitals where there is a high utilization of services by Native people.
22. The development of educational programs designed to train Native health care professionals be continued. In addition to training physicians, there is a need for more Native nurses who could be employed in both institutional and community settings.
23. The government develop strategies to improve the problem of access to physician and other community health services in the north and self-care programs and services should be promoted and strengthened.

24. Resources to extend the availability of home care services in the north be considered. Consideration should be given to the concept of developing "extra-mural" hospitals or "hospitals without walls" as a mechanism to meet the demand for medical services in the north.
25. Consideration be given to improving access to dental care services for all seniors.

#### SERVICES ON RESERVES

26. Home care and other community services designed to support the continued independence of the elderly be made available to Native elderly persons living on the reserve.

APPENDIX

Executive Summary from  
A Study of the Unmet Needs of Off-Reserve  
Indian and Metis Elderly in Saskatchewan



EXECUTIVE SUMMARY

A STUDY OF THE UNMET NEEDS OF OFF-RESERVE  
INDIAN AND METIS ELDERLY IN SASKATCHEWAN

"When I was a child there was no such thing as  
'can't do.' I've based my life [on] this."

(Status Indian Gentleman, Age 50-54)

Of the provinces, Saskatchewan is second only to Manitoba in the proportion of its population which is of native ancestry. Over the last several years, increasing recognition has been given to the complex series of problems facing Canada's native people, yet little research has been conducted to define the unique needs of the native elderly.

In the Fall of 1985 the Saskatchewan Senior Citizens' Provincial Council met with the Honourable Gordon Dirks, then Minister of Social Services, to present their concerns on the situation of the province's native elderly. Included in this presentation was a proposal to undertake a comprehensive research study on the unmet needs of Indian and Metis elderly in Saskatchewan. Mr. Dirks directed the Council to take their proposal into the public realm and it quickly gained the support of organizations and educational institutes representing the Indian and Metis people, as well as concerned federal, provincial, and municipal government departments. By the end of 1985 the province granted the Senior Citizens' Provincial Council full funding for the study.

Because so little was known about the situation of the Indian and Metis elderly in Saskatchewan, the Council determined that any initial empirical research should be exploratory and broad in scope.\* Accordingly, four formal research objectives were set:

- (i) To identify the unmet needs and concerns of Indian and Metis elderly in off-reserve settings in Saskatchewan.
- (ii) To understand how these needs differ from those of other seniors.
- (iii) To promote an understanding of how the unique needs of the Indian and Metis elderly can best be supported by culturally-appropriate policies, program design, and service delivery.
- (iv) To produce a resource document which will include information which will be of use to Indian and Metis organizations, program administrators, and policy and decision makers.

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\* The questionnaire was designed to encompass a wide range of topics including housing, income, health, recreation, education, demographics, transportation, and social concerns.

(iii)

The study has progressed in a series of stages over two and one half years. They are as follows:

| <u>TIMEFRAME</u>                         | <u>TASK</u>                                                                                                                                                                                                                                                              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phase 1 November 1985-<br>April 1986     | . PROPOSAL AND STUDY DESIGN                                                                                                                                                                                                                                              |
| Phase 2 May 1986                         | . PRE-TESTING OF QUESTIONNAIRE                                                                                                                                                                                                                                           |
| Phase 3 June-August 1986                 | . SOUTHERN INTERVIEWING PHASE                                                                                                                                                                                                                                            |
| Phase 4 September 1986 -<br>January 1987 | . SOUTHERN DATA TABULATION AND<br>CODING PHASE                                                                                                                                                                                                                           |
| Phase 5 February-April 1987              | . NORTHERN INTERVIEWING PHASE                                                                                                                                                                                                                                            |
|                                          | . NORTHERN DATA TABULATION AND<br>CODING PHASE                                                                                                                                                                                                                           |
|                                          | . INITIATION OF COMPUTER WORK                                                                                                                                                                                                                                            |
| Phase 6 August-December 1987             | . ANALYSIS OF STATISTICS AND<br>REVIEW OF RELEVANT LITERATURE                                                                                                                                                                                                            |
| Phase 7 January-March 1988               | . DRAFTING OF THE MAIN BODY OF<br>THE REPORT                                                                                                                                                                                                                             |
| Phase 8 April-May 1988                   | . APPROVAL OF THE DRAFT REPORT<br>BY THE SENIOR CITIZENS'<br>PROVINCIAL COUNCIL                                                                                                                                                                                          |
|                                          | . SIMULTANEOUS RELEASE OF THE<br>REPORT, WITHOUT RECOMMENDA-<br>TIONS, TO THE HONOURABLE<br>GRANT SCHMIDT, MINISTER OF<br>SASKATCHEWAN DEPARTMENT OF<br>HUMAN RESOURCES, LABOUR AND<br>EMPLOYMENT, AND TO CONCERNED<br>INDIAN AND METIS INDIVIDUALS<br>AND ORGANIZATIONS |
| Phase 9 June 1988                        | . THE SENIOR CITIZENS' PROVINCIAL<br>COUNCIL WILL WORK WITH<br>THE INDIAN AND METIS PEOPLE<br>OF SASKATCHEWAN TO DEVELOP<br>RECOMMENDATIONS FOR ACTION                                                                                                                   |
| Phase 10 1988                            | . PUBLICATION OF SUPPLEMENTARY<br>REPORT OF CONCLUSIONS AND<br>RECOMMENDATIONS FOR ACTION                                                                                                                                                                                |

For the purpose of the study, 'Indian and Metis elderly' were defined as Status Indians, Non-Status Indians, and Metis who are age 50 and older. Jurisdictional considerations limited the project to 'off-reserve' locations. In southern Saskatchewan it was determined that the study should primarily focus on the needs of the urban native elderly and the centres of Regina, Saskatoon, Prince Albert, North Battleford, and Fort Qu'Appelle were chosen as the survey sites. In total, 412 interviews were obtained in these centres. A sample of 64 interviews was also obtained from 11 communities throughout northern Saskatchewan.

Interviews were conducted in the homes of the respondents and averaged one to two hours. A total of six different languages were used for the interviews. While very few of those native elderly, who were approached, refused to participate in the survey, locating respondents proved a difficult task. In the urban centres phones were not available in one-third of the respondents' homes and much of the work in locating this sample was done by aboriginal university students travelling by foot, bicycle, or bus. In the north several respondents were accessible only by plane or boat. The following are a series of study highlights:

#### Sample Characteristic

. South Sample (412 respondents)

- 39% male; 61% female
- 59% age 50 to 64; 28% age 65 to 74; and 13% age 75 and over
- 53% Status Indians; 12% Non-Status Indians; and 34% Metis
- over 60% are widowed, separated or divorced

. North Sample (64 respondents)

- 33% male; 67% female
- 22% age 50 to 64; 55% age 65 to 74; and 23% age 75 and over
- 24% Status Indians; 35% Non-Status Indians; and 41% Metis
- 55% are widowed, separated, or divorced

### Educational Resources

- . While very few of the native elderly, sampled in the five southern centres, are without any formal schooling, 72 per cent did not have the opportunity to advance beyond the elementary school level.
- . In northern Saskatchewan, 58 per cent of those sampled had no formal schooling.

### Language Skills

- . Despite low levels of education, 78 per cent of the native elderly in the south speak English well and more than half are fluent in English as well as one or more aboriginal languages.
- . It must be emphasized that approximately 22 per cent of the urban respondents have difficulty with English. If reading and writing literacy skills are included, then the proportion who are having difficulty with English in the south becomes as high as 35 to 38 per cent.
- . In the north the majority of those sampled are unilingual in Cree or Chipweyan and less than one in five speak English well.

### Employment Histories

- . Only a small percentage (12 to 17%) of the sampled native elderly reported employment income for either themselves or their spouse, a sobering statistic in a sample where 60 per cent are between the ages of 50 and 64.
- . Few of the Indian and Metis elderly have worked in professional occupations. Elderly native women who have at some time worked in the paid labour force have most often been employed in the servicing sector.
- . Elderly native males in southern Saskatchewan have most often worked at trades, farming, and primary sector activities. In contrast, 76 per cent of the elderly native men sampled in the north have, at some point, worked in the traditional pursuits of hunting, trapping, or fishing.

### Economic Characteristics

- . The most commonly reported sources of income in the south sample are payments from Social Assistance, followed closely by Old Age Security (OAS). In the north, where a larger percentage of the sample are age 65 and over, OAS is the most commonly reported source of income. Less than one per cent of the sample reported income from savings or investment sources.
- . Federal and provincial pension benefits for seniors means that those Indian and Metis who are 65 years or older generally reported higher incomes than those between the ages of 50 and 64. The latter group, many of whom still have dependent children, present particular risk for poverty.
- . After their portion of rent, food, and utilities are paid, approximately 30 per cent of the elderly native households have less than \$100 disposable income each month.

### Housing Tenure Status

- . Fewer than 16 per cent of elderly native households sampled in southern Saskatchewan own their place of residence. Of the rental households, less than half (42.5%) were living in a government subsidized unit. Almost 30 per cent of those renting on the private market were unaware of subsidized housing and one-third had been refused a subsidized unit.
- . In the north a larger percentage of elderly native households own their place of residence, and one out of every two households sampled had either no monthly rental/mortgage charges or made payments of less than \$100 a month. The economic benefits of home ownership in the north, however, are offset by exorbitant utility and food costs. In particular, elderly natives in the north are experiencing problems with delivery of wood for their wood stoves.
- . In both the north and the south, the health of the Indian and Metis elderly and the condition of the housing is such that there is significant need for both indoor and outdoor maintenance services.

### Living Arrangements

- . In the southern urban centres the native elderly are as likely to be living in single person households (24%) as are other Saskatchewan seniors. Eighty-six per cent of the native elderly who were living alone and who gave income information fell below the poverty line set by the Canadian Senate Committee.
- . Almost 40 per cent of elderly households sampled in the south and 60 per cent of those sampled in the north live in extended family situations. Most commonly these households include their married children and/or grandchildren. As a result, 42 per cent of households of the Indian and Metis elderly in the south and 64 per cent in the north contain a child 16 years of age or younger. These extended family situations were seen to influence preferred housing types and, if a range of subsidized housing is available, both samples ranked single, detached homes as their number one choice.

### Moving Histories and Housing Satisfaction

- . Although fewer than one-fifth of the sampled elderly native households in the south can be classified as recent migrants to their communities, 35 per cent of the households had been in their homes for less than one year. Seventy-two per cent had changed residences at least once in the last five years. These high mobility rates have serious implications for service delivery.
- . Of those southern households who had changed residences in the year preceding the survey the most significant reasons for moving were: housing that was physically uncomfortable or ill-suited to their needs; neighbourhood or social problems; desire to follow children; and the desire to increase proximity to services.
- . Approximately 37 per cent of the southern respondents currently desire to move. Again, the physical housing unit (either its discomfort or the want of a nicer home) were the dominant reasons given.

### Movements From Reserves to Urban Centres

- . A large percentage of respondents in the south had once lived on reserves. Fifty-four per cent of the migrations from the reserve occurred between the ages of 20 and 49. A significant number (33%) also left the reserve at age 50 or over. The two most commonly reported reasons for leaving the reserve were for employment and failing health.
- . Movement from reserves appears to be largely to the nearest urban centre and the proximity of home reserves augments the potential for continued interaction. Only one-third of those who had once lived on a reserve never go back to visit their reserve. More importantly, 38 per cent of those who had once lived on a reserve do not consider their move to the city as permanent.

### Health Profile

- . Six out of every ten native elderly perceive their health to be only 'fair' or 'poor'. If the 'poor' category of health is considered separately then the native elderly are two to three times more likely to rate their health as 'poor' than are other provincial seniors.
- . In a comparative sense, the proportion of native seniors who report health problems is no higher than that of the general population of older Canadians. There are indications, however, that health problems for the native elderly may be more debilitating than for the general senior population. Evidence of this includes lower levels of perceived health, frequent visits to the doctor, and significant limitations on personal mobility and daily activities. Again, we are reminded that 60 per cent of the sample are below the age of 65.
- . The most frequently reported health problems among the sampled native elderly are arthritis, diabetes, heart conditions, and back, leg, and foot disorders.
- . Whereas diabetes affects 5 to 8 per cent of Canadian seniors, 24.9 per cent of the native elderly in the south sample were afflicted. Diabetes is a disease where prognosis and avoidance of complications depends upon adherence to dietary and medical instructions. Thus the illiteracy rates and poverty of the sample are seen as major risk factors in the management of this disease.

- . Fifty-two per cent of the respondents in the south and 71 per cent in the north are experiencing dental problems and a significant number have not visited a dentist in the three years preceding the survey.
- . Forty per cent of the native elderly report problems in walking yet as few as 6 to 8 per cent have a mobility aid such as a cane.
- . Just over 15 per cent of all respondents have a visual impairment which is not correctable with glasses or, if correctable, the respondent is without the proper prescriptive lenses. In the north, as many as 32 per cent of the respondents requested glasses.

#### Need for Assistance and Care

- . Fifty per cent of respondents in the south and 73 per cent in the north indicate that they require assistance with at least one item of personal care. One-third of those requiring assistance 'only sometimes' or 'never' receive that help.
- . For those Indian and Metis elderly receiving assistance in personal care, families are the most important providers of that care. Over 40 per cent of those sampled would depend upon a child in the event of an emergency. Less than one-quarter of the respondents use the care services of a formal agency or organization, and half of these use only those agency services for which they are not required to pay a fee.
- . The greatest unmet needs for care services which could be provided through formal agencies or volunteer organizations include transportation services, home nursing, friendly visitor services, and translator services.
- . The continuing sensitization of the provincial system of long-term care to include the special concerns of the native elderly is also a need which is very much in evidence.

### Transportation and Activity Patterns

- . Thirty-eight per cent of the Indian and Metis elderly in the southern centres and 61 per cent in the north almost never leave their home or do so for less than an hour a day.
- . In addition, 33 per cent of southern respondents and 53 per cent of northern respondents are without a telephone. Not surprisingly, as many as 57 per cent of the native elderly 'often' experience feelings of loneliness.
- . While a previous survey by the Senior Citizens' Provincial Council showed 61.5 per cent of Saskatchewan urban seniors are able to drive, only 31 per cent of the native elderly in the south and 10 per cent in the north are able to drive. In fact, only 44 per cent of the urban Indian and Metis elderly live in a household which has a vehicle. Approximately one in four respondents have a problem with transportation and 7 to 10 per cent never drive or get driven.
- . For those who choose to participate in organizations, the most popular are those sponsored by Indian and Metis groups. Many of the Indian and Metis elderly partake in traditional ceremonies and would like to see more of these activities in their communities.

In sum, the study provides an in-depth look at the multitude of unmet needs of Saskatchewan's off-reserve Indian and Metis elderly. It is now the intention of the Senior Citizens' Provincial Council to work with the individuals and organizations who represent the province's aboriginal people to devise a set of recommendations which will be published as a supplement to this document.